

18



TRIAL PRODUCT TRADE NAME  
TRIAL PRODUCT GENERIC NAME  
TRIAL PRODUCT FORM & STRENGTH  
TRIAL PRODUCT QUANTITY

CARD SERIAL NUMBER  
CARD EXPIRATION DATE

Figure 2A

18



Physician Approval Code

Physician Signature \_\_\_\_\_

Pharmacist Approval Code

Pharmacist Signature \_\_\_\_\_

Patient Signature \_\_\_\_\_

Figure 2B

AUTHORIZER ID NUMBER

AUTHORIZER NAME  
CARD EXPIRATION DATE

Figure 3A

20

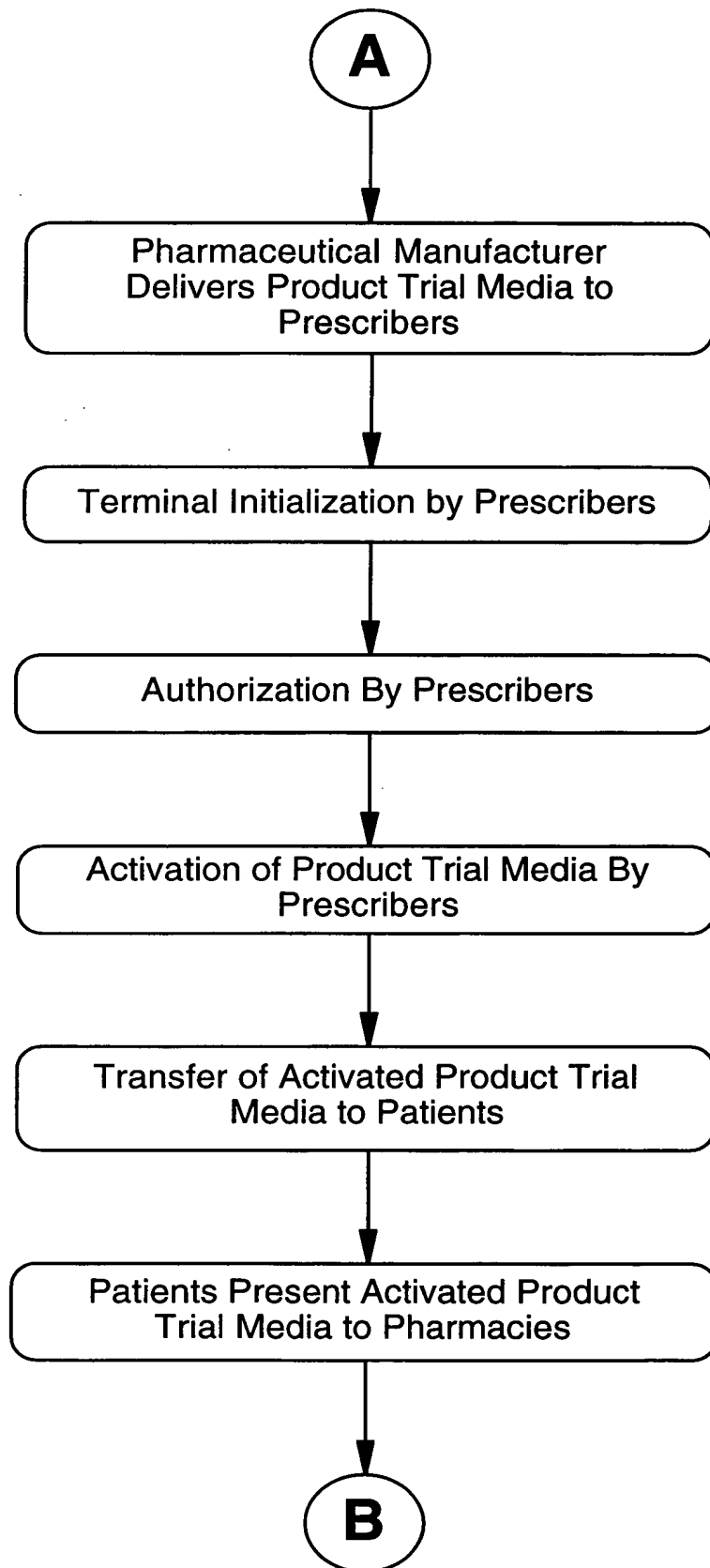


\_\_\_\_\_  
Authorizer Signature

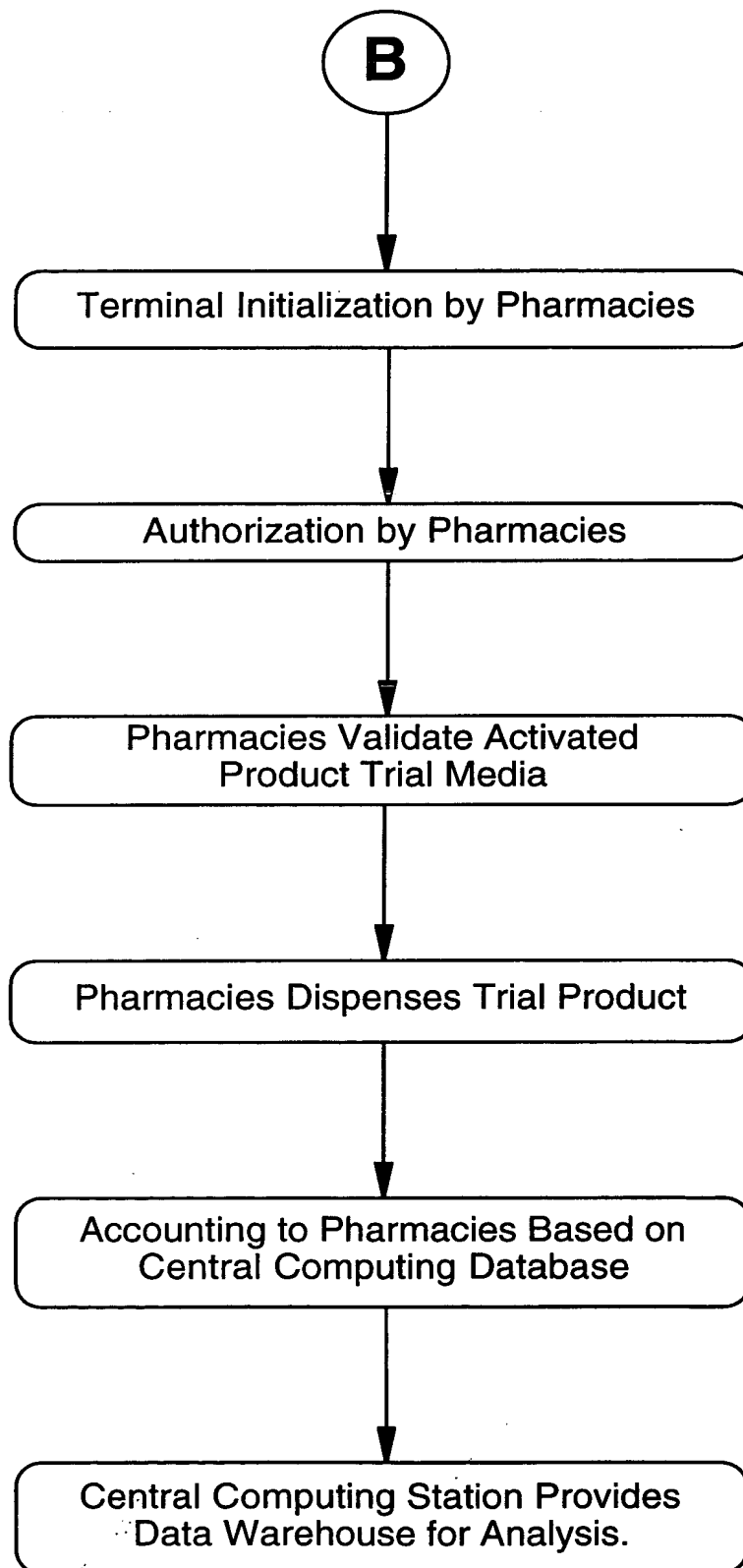
Figure 3B

20

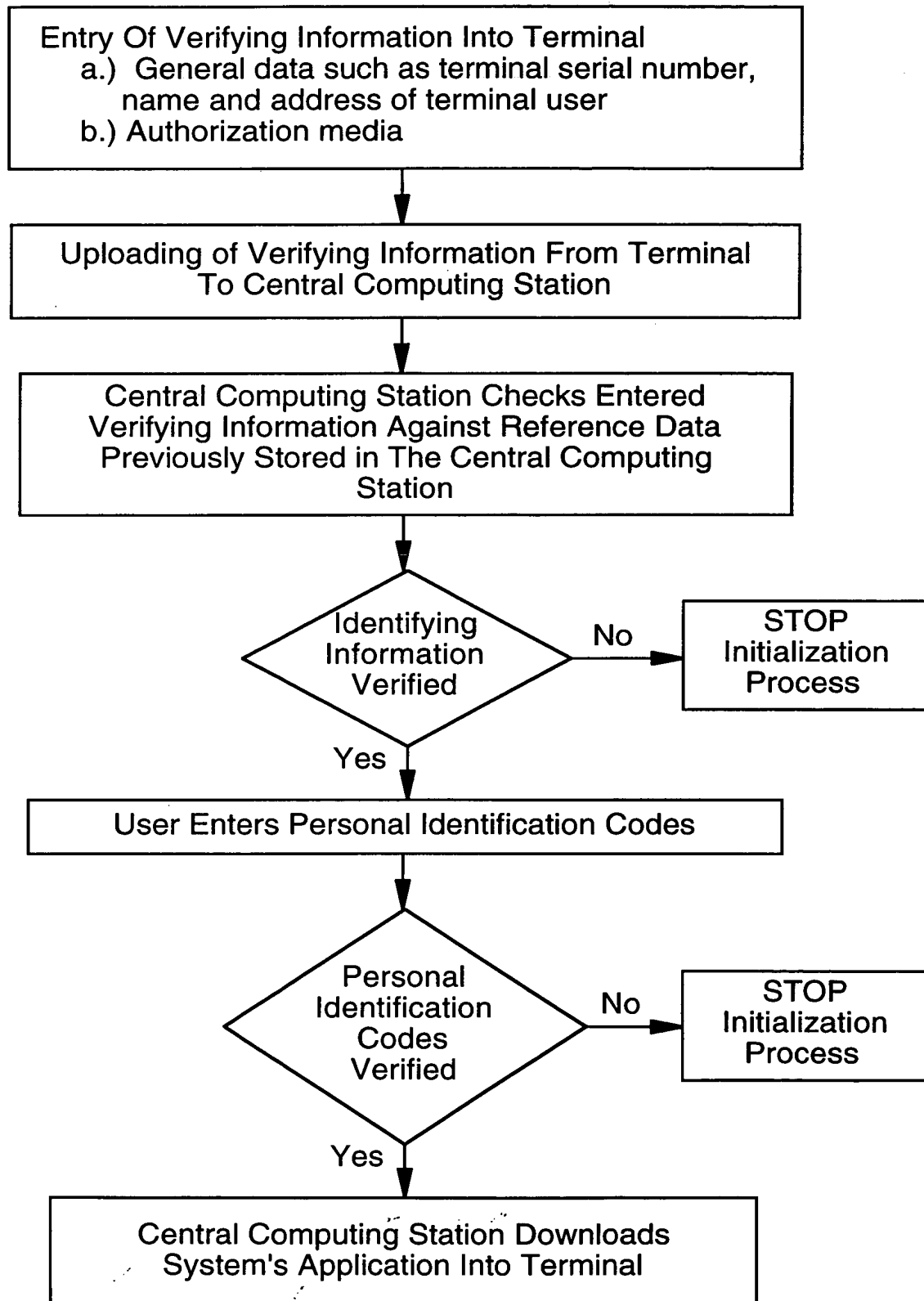




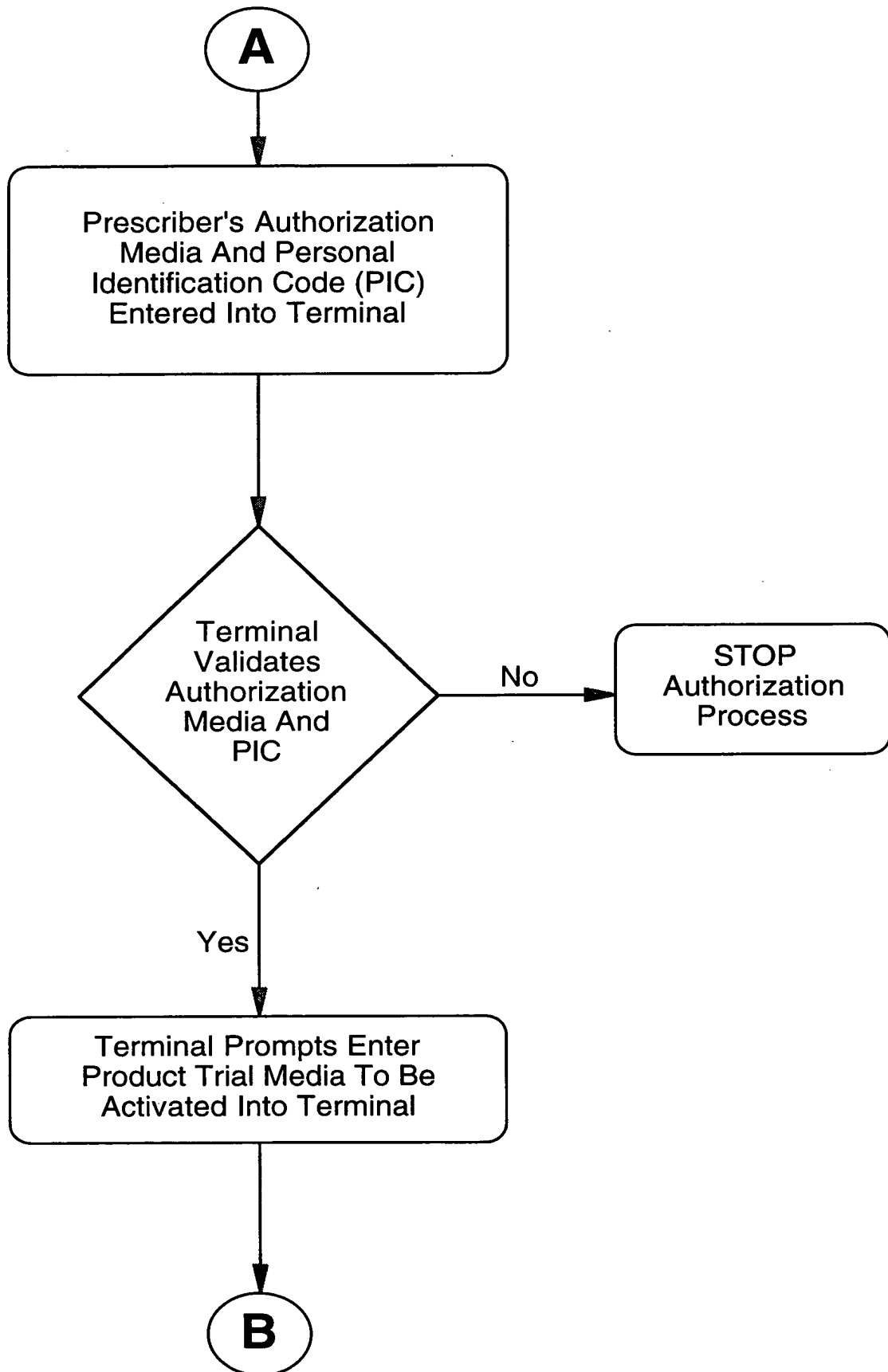
**Figure 4A**



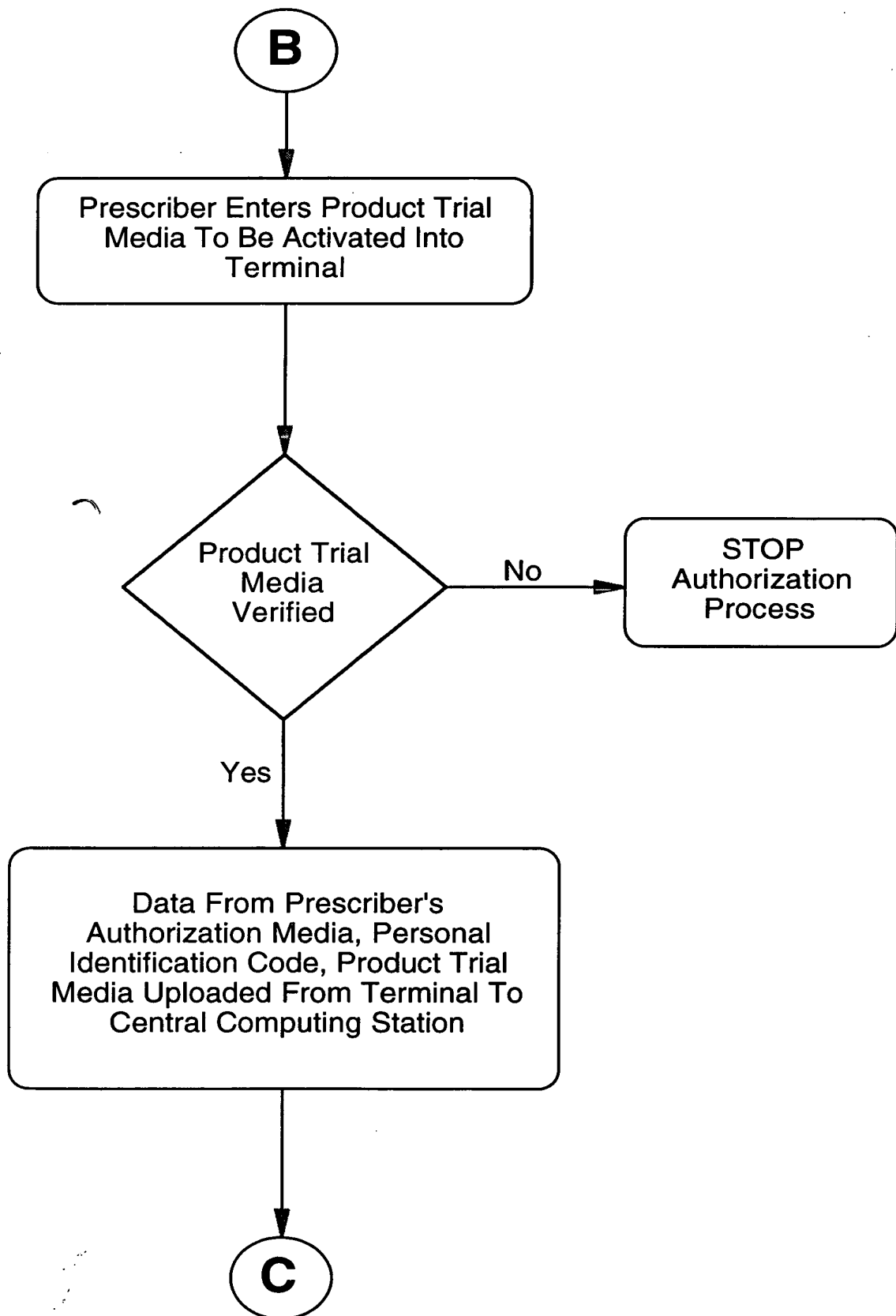
**Figure 4B**



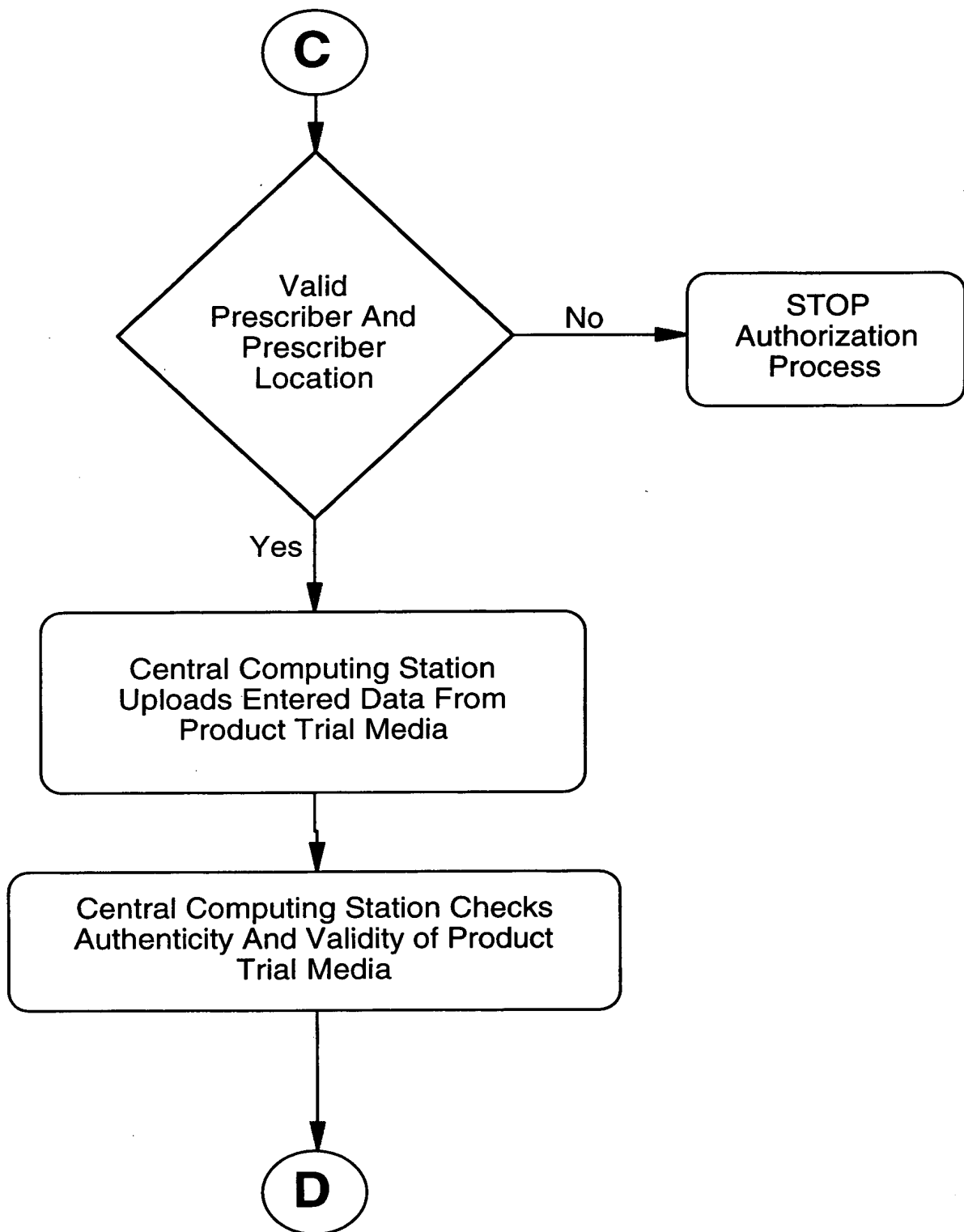
**Figure 5**



**Figure 6A**

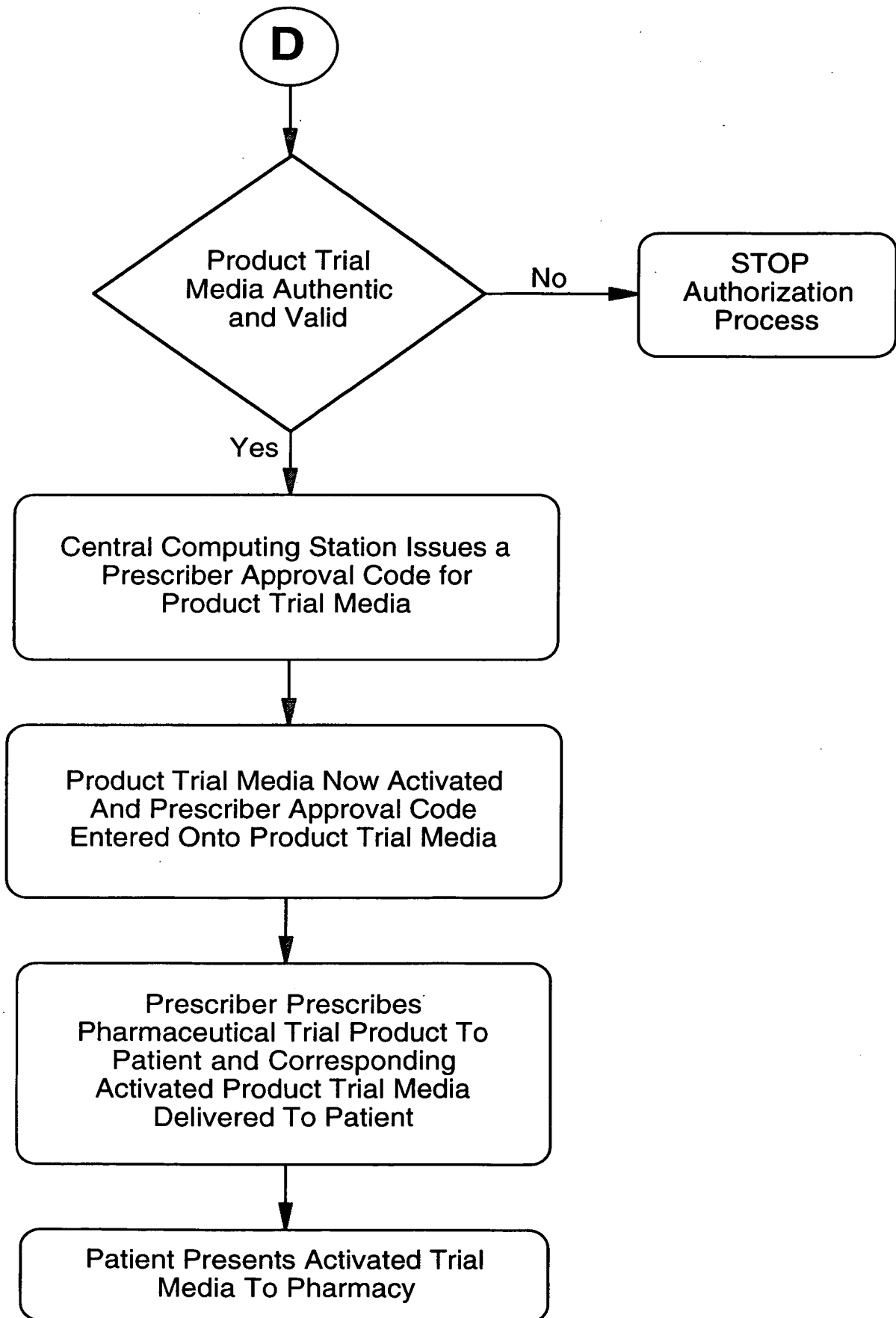


**Figure 6B**

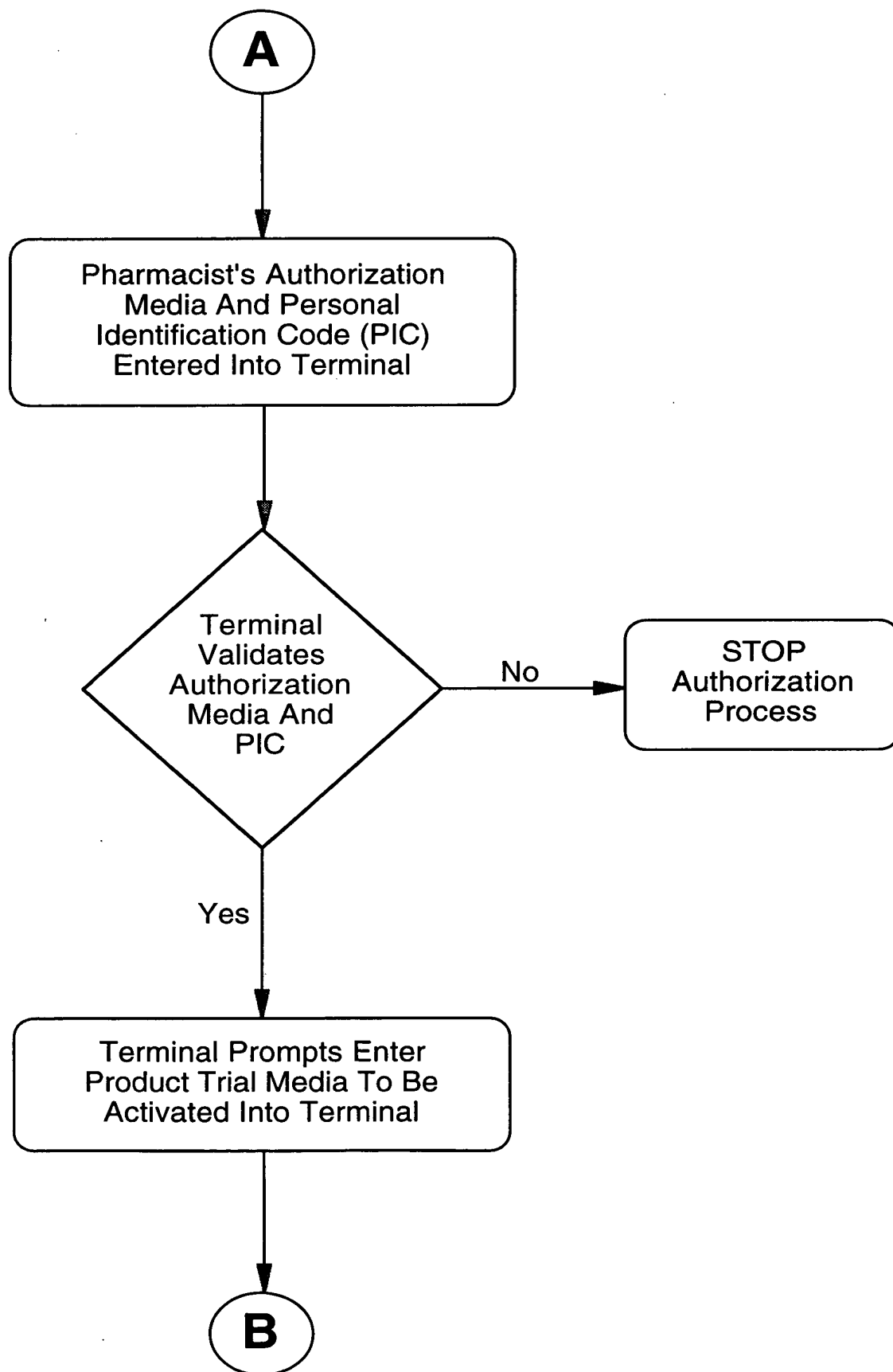


**Figure 6C**

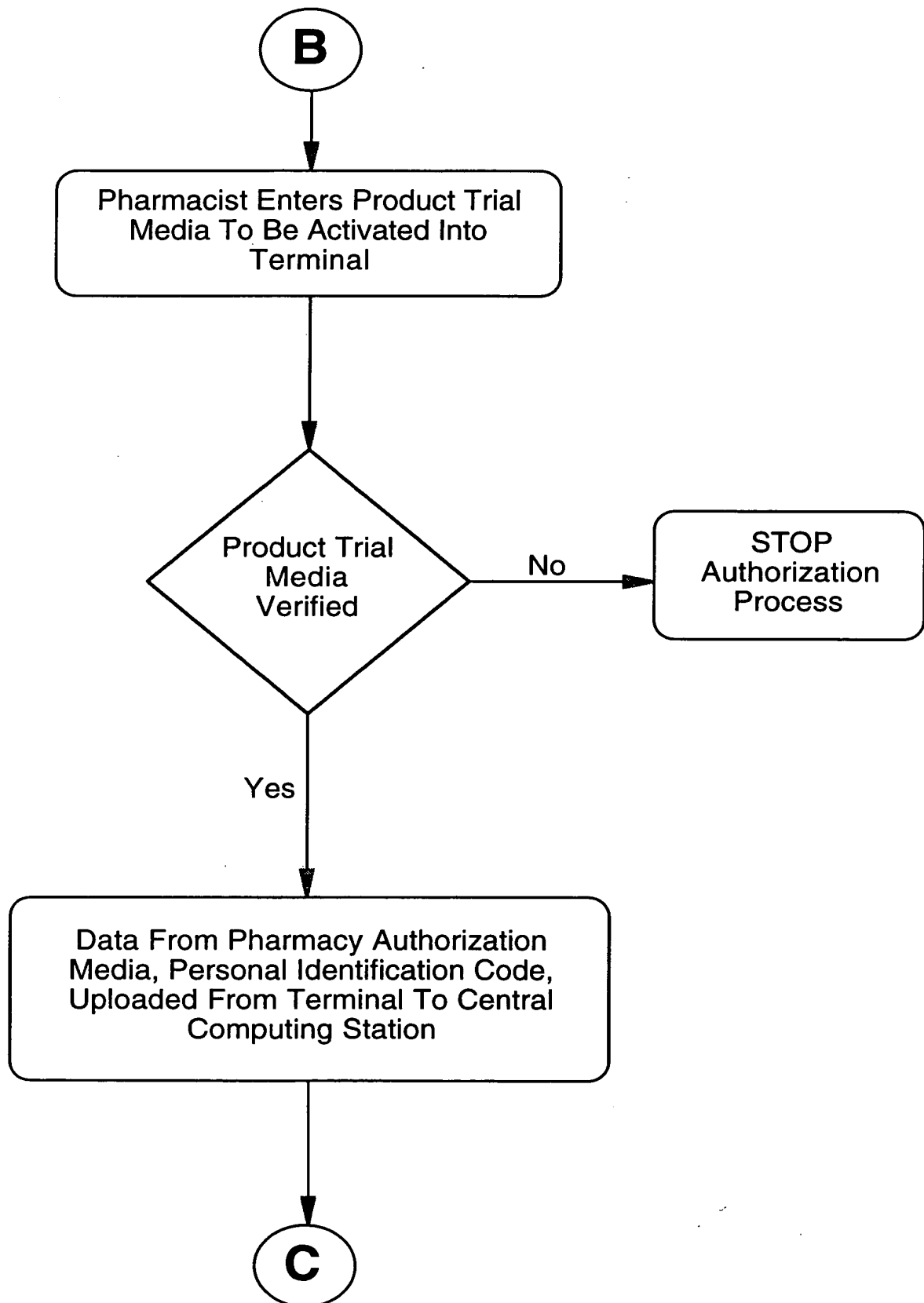




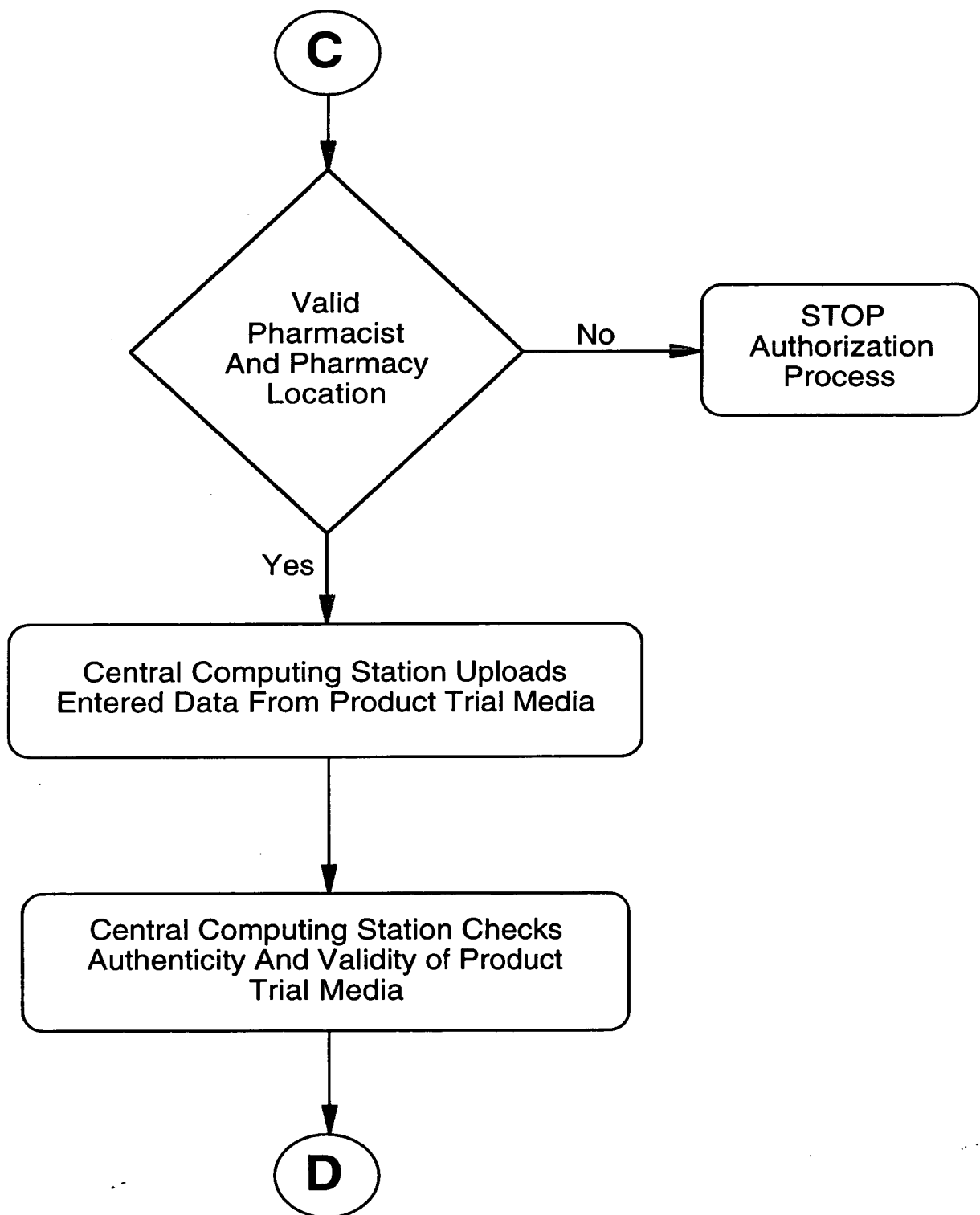
**Figure 6D**



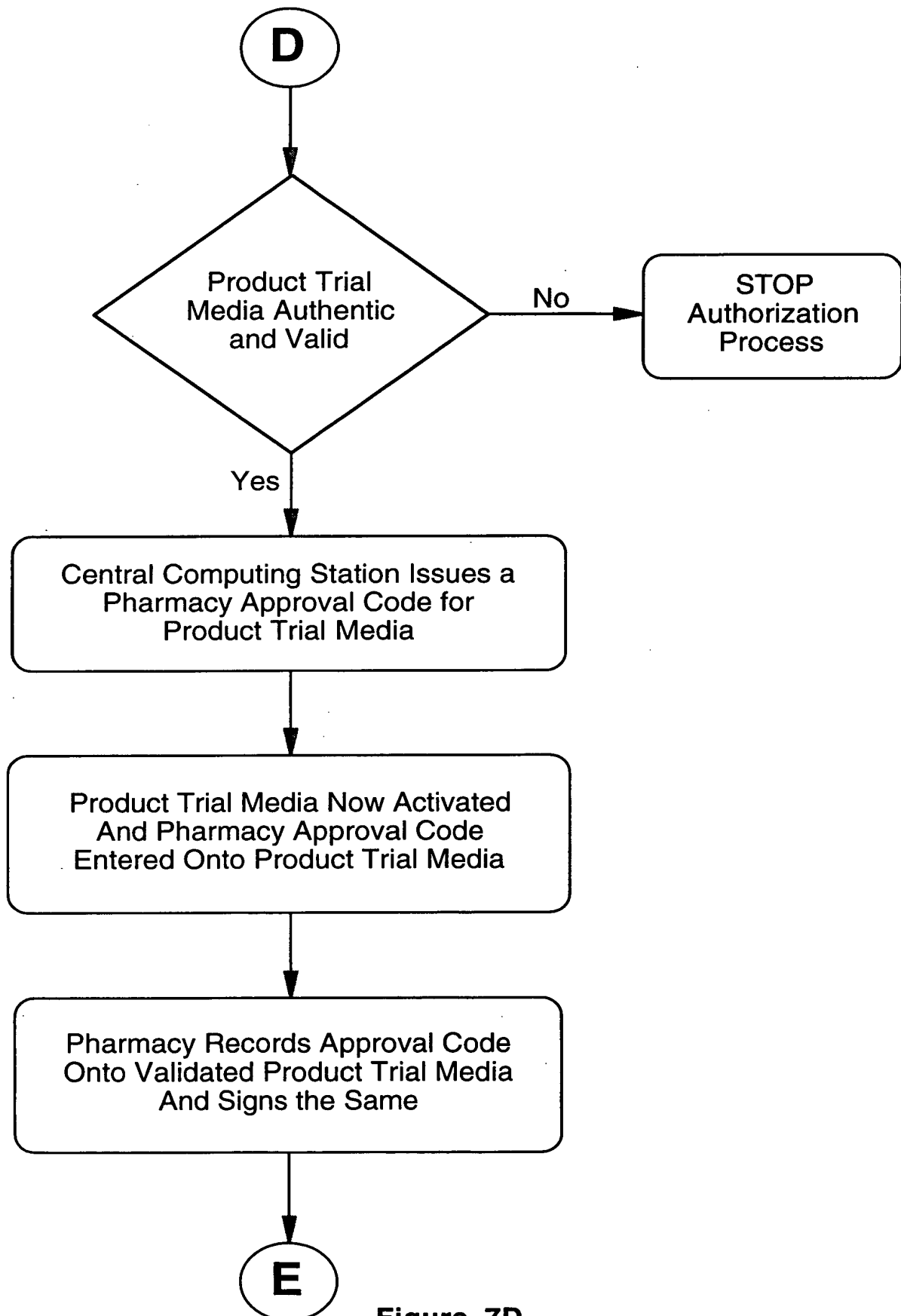
**Figure 7A**



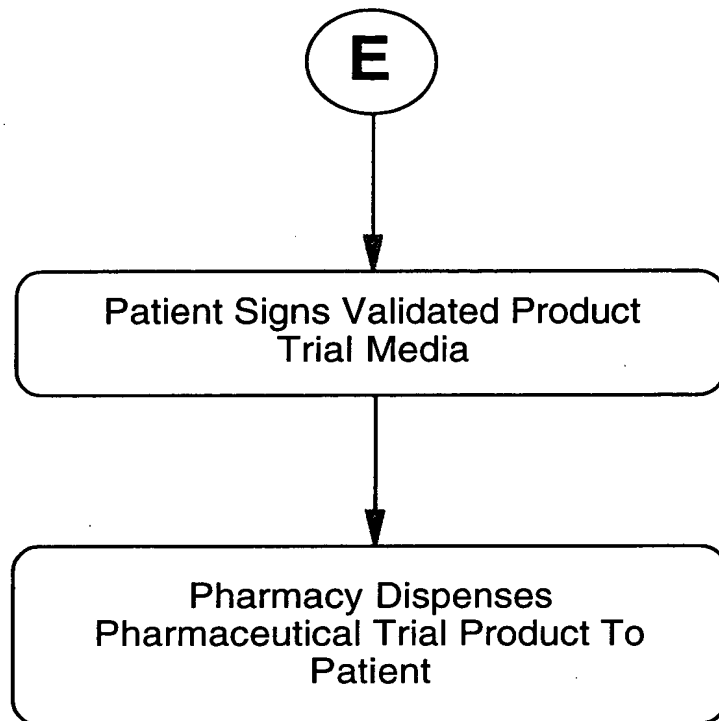
**Figure 7B**



**Figure 7C**



**Figure 7D**



**Figure 7E**